

CALIFORNIA FORM 700
 FAIR POLITICAL PRACTICES COMMISSION
 A PUBLIC DOCUMENT

 STATEMENT OF ECONOMIC INTERESTS
 COVER PAGE
 AMENDMENT

 Date Received
 MAR 2 2012
BY: B. J. Adler

Please type or print in ink.

 NAME OF FILER (LAST) (FIRST) (MIDDLE)
Lowenthal Bonnie Adler

1. Office, Agency, or Court

Agency Name

California State Assembly
 Division, Board, Department, District, if applicable

Assemblymember
 Your Position

District 54

► If filing for multiple positions, list below or on an attachment.

Agency: _____

Position: _____

2. Jurisdiction of Office (Check at least one box)

☒ State☐ Judge or Court Commissioner (Statewide Jurisdiction)☐ Multi-County _____☐ County of _____☐ City of _____☐ Other _____

3. Type of Statement (Check at least one box)

☒ Annual: The period covered is January 1, 2011, through December 31, 2011.

-or-

The period covered is _____ through December 31, 2011.

☐ Leaving Office: Date Left _____ (Check one)☐ The period covered is January 1, 2011, through the date of leaving office.☐ Assuming Office: Date assumed _____☐ The period covered is _____ through the date of leaving office.☒ Candidate: Election Year 2012Office sought, if different than Part 1: Assembly District 70

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: 2☐ Schedule A-1 - Investments - schedule attached☐ Schedule C - Income, Loans, & Business Positions - schedule attached☐ Schedule A-2 - Investments - schedule attached☒ Schedule D - Income - Gifts - schedule attached☐ Schedule B - Real Property - schedule attached☐ Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

☐ None - No reportable interests on any schedule

I certify under penalty of perjury under the laws of the State of California that

Date Signed

3/2/2012

Signature

(month, day, year)

(c)(1)

2)

TPPC 3/2/12
EL



SCHEDULE D
Income – Gifts

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
AMENDMENT

► NAME OF SOURCE

John A. Pérez for Assembly

ADDRESS (Business Address Acceptable)

777 S. Figueroa #4050 Los Angeles, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12/13/12</u>	<u>\$ 38.68</u>	<u>Dinner & Wine</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

Filer's Verification

Print Name Bonnie Lowenthal

Office, Agency
or Court CA State Assembly

Statement Type ☐ 2011/2012 Annual ☐ Assuming ☐ Leaving
☒ 2011 Annual ☐ Candidate
(yr)

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 3/2/2012

Filer's Signature

(c)(1)

Comments: _____

BK

Please type or print in ink.

2012 FEB 29 PM 3:50



FEB 29 2012

NAME OF FILER

(LAST)

(FIRST)

BY: Adler
MIDDLE

Lowenthal

Bonnie

1. Office, Agency, or Court

Agency Name

California State Assembly

Division, Board, Department, District, if applicable

District 54

Your Position

Assemblymember

► If filing for multiple positions, list below or on an attachment.

Agency: _____

Position: _____

2. Jurisdiction of Office (Check at least one box)

☒ State

☐ Judge or Court Commissioner (Statewide Jurisdiction)

☐ Multi-County _____

☐ County of _____

☐ City of _____

☐ Other _____

3. Type of Statement (Check at least one box)

☒ Annual: The period covered is January 1, 2011, through December 31, 2011.

☐ Leaving Office: Date Left _____
(Check one)

-or-

The period covered is _____, through December 31, 2011.

☐ The period covered is January 1, 2011, through the date of leaving office.

☐ Assuming Office: Date assumed _____

☐ The period covered is _____, through the date of leaving office.

☒ Candidate: Election Year 2012 Office sought, if different than Part 1: Assemblymember District 70

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: 15

☒ Schedule A-1 - Investments - schedule attached

☐ Schedule C - Income, Loans, & Business Positions - schedule attached

☐ Schedule A-2 - Investments - schedule attached

☒ Schedule D - Income - Gifts - schedule attached

☒ Schedule B - Real Property - schedule attached

☒ Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

☐ None - No reportable interests on any schedule

(c)(1)

herein and in any attached schedules is true and complete. I acknowledge this is a public document.
I certify under penalty of perjury under the laws of the State of California that the

(c)(1)

Date Signed 2/29/2012
(month, day, year)

Signature

(File the originally signed statement with your filing official.)

SCHEDULE A-1**Investments****Stocks, Bonds, and Other Interests**

(Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

Name

Bonnie Lowenthal

<p>▶ NAME OF BUSINESS ENTITY <u>Legacy Reserves</u></p> <p>GENERAL DESCRIPTION OF BUSINESS ACTIVITY <u>Energy</u></p> <p>FAIR MARKET VALUE <input type="checkbox"/> \$2,000 - \$10,000 <input checked="" type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000</p> <p>NATURE OF INVESTMENT <input checked="" type="checkbox"/> Stock <input type="checkbox"/> Other _____ (Describe) <input type="checkbox"/> Partnership <input type="radio"/> Income Received of \$0 - \$499 <input type="radio"/> Income Received of \$500 or More (Report on Schedule C)</p> <p>IF APPLICABLE, LIST DATE: <u>6 / 21 / 11</u> <u> / / 11</u> ACQUIRED DISPOSED</p>	<p>▶ NAME OF BUSINESS ENTITY <u>Linear Technology</u></p> <p>GENERAL DESCRIPTION OF BUSINESS ACTIVITY <u>Technology</u></p> <p>FAIR MARKET VALUE <input checked="" type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000</p> <p>NATURE OF INVESTMENT <input checked="" type="checkbox"/> Stock <input type="checkbox"/> Other _____ (Describe) <input type="checkbox"/> Partnership <input type="radio"/> Income Received of \$0 - \$499 <input type="radio"/> Income Received of \$500 or More (Report on Schedule C)</p> <p>IF APPLICABLE, LIST DATE: <u>7 / 27 / 11</u> <u> / / 11</u> ACQUIRED DISPOSED</p>
<p>▶ NAME OF BUSINESS ENTITY <u>US Bancorp</u></p> <p>GENERAL DESCRIPTION OF BUSINESS ACTIVITY <u>Financial</u></p> <p>FAIR MARKET VALUE <input checked="" type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000</p> <p>NATURE OF INVESTMENT <input checked="" type="checkbox"/> Stock <input type="checkbox"/> Other _____ (Describe) <input type="checkbox"/> Partnership <input type="radio"/> Income Received of \$0 - \$499 <input type="radio"/> Income Received of \$500 or More (Report on Schedule C)</p> <p>IF APPLICABLE, LIST DATE: <u>5 / 9 / 11</u> <u> / / 11</u> ACQUIRED DISPOSED</p>	<p>▶ NAME OF BUSINESS ENTITY <u>Deere & Co.</u></p> <p>GENERAL DESCRIPTION OF BUSINESS ACTIVITY <u>Farm equipment</u></p> <p>FAIR MARKET VALUE <input checked="" type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000</p> <p>NATURE OF INVESTMENT <input checked="" type="checkbox"/> Stock <input type="checkbox"/> Other _____ (Describe) <input type="checkbox"/> Partnership <input type="radio"/> Income Received of \$0 - \$499 <input type="radio"/> Income Received of \$500 or More (Report on Schedule C)</p> <p>IF APPLICABLE, LIST DATE: <u> / / 11</u> <u> / / 11</u> ACQUIRED DISPOSED</p>
<p>▶ NAME OF BUSINESS ENTITY <u>Honeywell</u></p> <p>GENERAL DESCRIPTION OF BUSINESS ACTIVITY <u>Business Equipment</u></p> <p>FAIR MARKET VALUE <input checked="" type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000</p> <p>NATURE OF INVESTMENT <input checked="" type="checkbox"/> Stock <input type="checkbox"/> Other _____ (Describe) <input type="checkbox"/> Partnership <input type="radio"/> Income Received of \$0 - \$499 <input type="radio"/> Income Received of \$500 or More (Report on Schedule C)</p> <p>IF APPLICABLE, LIST DATE: <u> / / 11</u> <u> / / 11</u> ACQUIRED DISPOSED</p>	<p>▶ NAME OF BUSINESS ENTITY <u>Chevron Corp.</u></p> <p>GENERAL DESCRIPTION OF BUSINESS ACTIVITY <u>Energy</u></p> <p>FAIR MARKET VALUE <input checked="" type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000</p> <p>NATURE OF INVESTMENT <input checked="" type="checkbox"/> Stock <input type="checkbox"/> Other _____ (Describe) <input type="checkbox"/> Partnership <input type="radio"/> Income Received of \$0 - \$499 <input type="radio"/> Income Received of \$500 or More (Report on Schedule C)</p> <p>IF APPLICABLE, LIST DATE: <u> / / 11</u> <u> / / 11</u> ACQUIRED DISPOSED</p>

Comments:

Investments

Stocks, Bonds, and Other Interests

(Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

Name

Bonnie Lowenthal

▶ NAME OF BUSINESS ENTITY
Chubb Corporation

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

Financial

FAIR MARKET VALUE

☒ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT

☒ Stock ☐ Other _____
(Describe)

☐ Partnership ☐ Income Received of \$0 - \$499
 ☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

____/____/11 ____/____/11
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
Safeway, Inc.

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

Consumer

FAIR MARKET VALUE

☒ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT

☒ Stock ☐ Other _____
(Describe)

☐ Partnership ☐ Income Received of \$0 - \$499
 ☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

____/____/11 ____/____/11
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
Microsoft Corp.

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

Software

FAIR MARKET VALUE

☒ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT

☒ Stock ☐ Other _____
(Describe)

☐ Partnership ☐ Income Received of \$0 - \$499
 ☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

____/____/11 ____/____/11
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
Texas Instruments, Inc.

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

Electronics

FAIR MARKET VALUE

☒ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT

☒ Stock ☐ Other _____
(Describe)

☐ Partnership ☐ Income Received of \$0 - \$499
 ☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

____/____/11 ____/____/11
ACQUIRED DISPOSED

NAME OF BUSINESS ENTITY
Clearbridge Energy MLP

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

Energy

FAIR MARKET VALUE

☐ \$2,000 - \$10,000 ☒ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT

☐ Stock ☒ Other **Closed End Fund**
(Describe)

☐ Partnership ☐ Income Received of \$0 - \$499
 ☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

 / / **11** / / **11**
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
Mannkind Corp.

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

Health

FAIR MARKET VALUE

☐ \$2,000 - \$10,000 ☒ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT

☒ Stock ☐ Other _____
(Describe)

☐ Partnership ☐ Income Received of \$0 - \$499
 ☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

____/____/11 ____/____/11
ACQUIRED DISPOSED

Comments: _____

Investments

Stocks, Bonds, and Other Interests

(Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

Name _____

Bonnie Lowenthal

NAME OF BUSINESS ENTITY
Magellan Midstream

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Oil pipeline

FAIR MARKET VALUE

☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☒ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT

☒ Stock ☐ Other _____
(Describe)

☐ Partnership ☐ Income Received of \$0 - \$499
 ☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

____/____/11 ____/____/11
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
Varian Medical

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Health care

FAIR MARKET VALUE

☐ \$2,000 - \$10,000 ☒ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT

☒ Stock ☐ Other _____
(Describe)

☐ Partnership ☐ Income Received of \$0 - \$499
 ☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

____/____/11 ____/____/11
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
JP Morgan Chase

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

Financial Institution

FAIR MARKET VALUE

☐ \$2,000 - \$10,000 ☒ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT

☐ Stock ☒ Other **Corporate Bond**
(Describe)

☐ Partnership ☐ Income Received of \$0 - \$499
 ☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

 / / **11** / / **11**
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
Dentsply

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

Health Care

FAIR MARKET VALUE

☐ \$2,000 - \$10,000 ☒ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT

☒ Stock ☐ Other _____
(Describe)

☐ Partnership ☐ Income Received of \$0 - \$499
 ☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

____/____/11 ____/____/11
ACQUIRED DISPOSED

NAME OF BUSINESS ENTITY
Hawaiian Electric

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

Utility

FAIR MARKET VALUE

☐ \$2,000 - \$10,000 ☒ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT

☒ Stock ☐ Other _____ (Describe)

☐ Partnership ☐ Income Received of \$0 - \$499
 ☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

_____/_____/11 ____/____/11
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
Microchip Technology

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

Technology

FAIR MARKET VALUE

☒ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT

☒ Stock ☐ Other _____
(Describe)

☐ Partnership ☐ Income Received of \$0 - \$499
 ☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

____/____/11 ____/____/11
ACQUIRED DISPOSED

Comments:

SCHEDULE A-1**Investments****Stocks, Bonds, and Other Interests**

(Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

Name

Bonnie Lowenthal

► NAME OF BUSINESS ENTITY
Unilever PLC

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Consumer staple

FAIR MARKET VALUE
☒ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☒ Stock ☐ Other _____
 (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
 ☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 _____ / _____ / 11 _____ / _____ / 11
 ACQUIRED DISPOSED

► NAME OF BUSINESS ENTITY
Vodafone

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Telecommunication

FAIR MARKET VALUE
☒ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☒ Stock ☐ Other _____
 (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
 ☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 _____ / _____ / 11 _____ / _____ / 11
 ACQUIRED DISPOSED

► NAME OF BUSINESS ENTITY
Federal Home Loan Management

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Mortgage

FAIR MARKET VALUE
☒ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☐ Stock ☒ Other Government & Agency Bond
 (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
 ☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 _____ / _____ / 11 _____ / _____ / 11
 ACQUIRED DISPOSED

► NAME OF BUSINESS ENTITY
Federal National Mortgage Association

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Financial

FAIR MARKET VALUE
☒ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☐ Stock ☒ Other Government & Agency Bond
 (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
 ☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 _____ / _____ / 11 _____ / _____ / 11
 ACQUIRED DISPOSED

► NAME OF BUSINESS ENTITY
American Ecology

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Environmental

FAIR MARKET VALUE
☐ \$2,000 - \$10,000 ☒ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☒ Stock ☐ Other _____
 (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
 ☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 _____ / _____ / 11 _____ / _____ / 11
 ACQUIRED DISPOSED

► NAME OF BUSINESS ENTITY
Johnson & Johnson

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Medical supplies

FAIR MARKET VALUE
☒ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☒ Stock ☐ Other _____
 (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
 ☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 _____ / _____ / 11 _____ / _____ / 11
 ACQUIRED DISPOSED

Comments: _____

SCHEDULE A-1**Investments****Stocks, Bonds, and Other Interests**

(Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

Name

Bonnie Lowenthal

▶ NAME OF BUSINESS ENTITY

Genco Shipping & Trading

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

Foreign shipping

FAIR MARKET VALUE

☒ \$2,000 - \$10,000☐ \$10,001 - \$100,000☐ \$100,001 - \$1,000,000☐ Over \$1,000,000

NATURE OF INVESTMENT

☒ Stock☐ Other

(Describe)

☐ Partnership☐ Income Received of \$0 - \$499☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

 / / 11
ACQUIRED / / 11
DISPOSED

▶ NAME OF BUSINESS ENTITY

JP Morgan Chase

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

Financial

FAIR MARKET VALUE

☒ \$2,000 - \$10,000☐ \$10,001 - \$100,000☐ \$100,001 - \$1,000,000☐ Over \$1,000,000

NATURE OF INVESTMENT

☒ Stock☐ Other

(Describe)

☐ Partnership☐ Income Received of \$0 - \$499☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

 / / 11
ACQUIRED / / 11
DISPOSED

▶ NAME OF BUSINESS ENTITY

Applied Materials

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

Electronics

FAIR MARKET VALUE

☒ \$2,000 - \$10,000☐ \$10,001 - \$100,000☐ \$100,001 - \$1,000,000☐ Over \$1,000,000

NATURE OF INVESTMENT

☒ Stock☐ Other

(Describe)

☐ Partnership☐ Income Received of \$0 - \$499☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

 / / 11
ACQUIRED / / 11
DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE

☐ \$2,000 - \$10,000☐ \$10,001 - \$100,000☐ \$100,001 - \$1,000,000☐ Over \$1,000,000

NATURE OF INVESTMENT

☐ Stock☐ Other

(Describe)

☐ Partnership☐ Income Received of \$0 - \$499☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

 / / 11
ACQUIRED / / 11
DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE

☐ \$2,000 - \$10,000☐ \$10,001 - \$100,000☐ \$100,001 - \$1,000,000☐ Over \$1,000,000

NATURE OF INVESTMENT

☐ Stock☐ Other

(Describe)

☐ Partnership☐ Income Received of \$0 - \$499☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

 / / 11
ACQUIRED / / 11
DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE

☐ \$2,000 - \$10,000☐ \$10,001 - \$100,000☐ \$100,001 - \$1,000,000☐ Over \$1,000,000

NATURE OF INVESTMENT

☐ Stock☐ Other

(Describe)

☐ Partnership☐ Income Received of \$0 - \$499☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

 / / 11
ACQUIRED / / 11
DISPOSED

Comments: _____

SCHEDULE D Income – Gifts

CALIFORNIA FORM **700**

FAIR POLITICAL PRACTICES COMMISSION

Name

Bonnie Lowenthal

► NAME OF SOURCE

Port of Long Beach

ADDRESS (Business Address Acceptable)

925 Harbor Plaza, Long Beach, CA 90802

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
6 / 16 / 11	\$ 95.00	Inaugural Gala
/ /	\$	
/ /	\$	

► NAME OF SOURCE

ALS Association Golden West Chapter

ADDRESS (Business Address Acceptable)

28720 Roadside Dr, Ste.200, Agoura Hills, CA 91301

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
3 / 8 / 11	\$ 63.16	Dinner
/ /	\$	
/ /	\$	

► NAME OF SOURCE

Association for Los Angeles Deputy Sheriffs

ADDRESS (Business Address Acceptable)

2 Cupania Circle, Monterey Park, CA 91755

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
6 / 11 / 11	\$ 50.00	Awards dinner, 2 tickets
/ /	\$	
/ /	\$	

► NAME OF SOURCE

Global Automakers

ADDRESS (Business Address Acceptable)

1050 K Street, NW, Ste. 650, Washington, DC 20001

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
5 / 16 / 11	\$ 102.70	Dinner
/ /	\$	
/ /	\$	

► NAME OF SOURCE

Sempra Energy

ADDRESS (Business Address Acceptable)

925 L Street #650, Sacramento CA 95914

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10 / 26 / 11	\$ 60.06	Dinner
/ /	\$	
/ /	\$	

► NAME OF SOURCE

California New Car Dealers Association

ADDRESS (Business Address Acceptable)

1415 L St, Suite 700, Sacramento, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
3 / 29 / 11	\$ 107.52	Reception & Dinner
/ /	\$	
/ /	\$	

Comments:

SCHEDULE D Income – Gifts

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name <u>Bonnie Lowenthal</u>

► NAME OF SOURCE
BP America Inc.
ADDRESS (Business Address Acceptable)
4 Centerpointe Drive, #479, La Palma, CA 90623
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>11 / 15 / 11</u>	\$ <u>80.00</u>	<u>Awards Gala- Dinner</u>
<u> / / </u>	\$ <u> </u>	<u> </u>
<u> / / </u>	\$ <u> </u>	<u> </u>

► NAME OF SOURCE
Viejas Band of Kumeyaay Indians
ADDRESS (Business Address Acceptable)
1 Viejas Grade Road, Alpine, CA 91901
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>9 / 12 / 11</u>	\$ <u>64.07</u>	<u>Lunch</u>
<u> / / </u>	\$ <u> </u>	<u> </u>
<u> / / </u>	\$ <u> </u>	<u> </u>

► NAME OF SOURCE
California Democratic Party
ADDRESS (Business Address Acceptable)
1401 21st St., Ste. 200, Sacramento, CA 95811-5221
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>2 / 8 / 11</u>	\$ <u>117.09</u>	<u>Caucus Dinner</u>
<u> / / </u>	\$ <u> </u>	<u> </u>
<u> / / </u>	\$ <u> </u>	<u> </u>

► NAME OF SOURCE
The AES Corporation
ADDRESS (Business Address Acceptable)
690 North Studebaker Rd., Long Beach, CA 90803
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>9 / 1 / 11</u>	\$ <u>58.09</u>	<u>Dinner</u>
<u> / / </u>	\$ <u> </u>	<u> </u>
<u> / / </u>	\$ <u> </u>	<u> </u>

► NAME OF SOURCE
Consumer Attorneys of California
ADDRESS (Business Address Acceptable)
770 L St., Suite 1200, Sacramento, CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>5 / 2 / 11</u>	\$ <u>150.00</u>	<u>Dinner</u>
<u> / / </u>	\$ <u> </u>	<u> </u>
<u> / / </u>	\$ <u> </u>	<u> </u>

► NAME OF SOURCE
Western Agricultural Processors Association
ADDRESS (Business Address Acceptable)
1785 N. Fine Avenue, Fresno, CA 93727
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>2 / 9 / 11</u>	\$ <u>229.74</u>	<u>Dinner</u>
<u> / / </u>	\$ <u> </u>	<u> </u>
<u> / / </u>	\$ <u> </u>	<u> </u>

Comments: _____

SCHEDULE D Income – Gifts

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name

Bonnie Lowenthal

► NAME OF SOURCE

Los Angeles Area Chamber of Commerce

ADDRESS (Business Address Acceptable)

350 S. Bixel St., Los Angeles, CA 90017

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
2 / 10 / 11	\$ 140.58	Dinner & Reception
/ /	\$	
/ /	\$	

► NAME OF SOURCE

Los Angeles Superior Court

ADDRESS (Business Address Acceptable)

111 N. Hill Street, Rm. 105E, Los Angeles, CA 90012

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
3 / 5 / 11	\$ 50.00	Food at Reception
/ /	\$	
/ /	\$	

► NAME OF SOURCE

Sprinkler Fitters U.A. Local 709

ADDRESS (Business Address Acceptable)

12140 Rivera Road, Whittier, CA 90606

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
3 / 24 / 11	\$ 400.00	Dinner, two seats
/ /	\$	
/ /	\$	

► NAME OF SOURCE

John A. Pérez for Assembly 2012

ADDRESS (Business Address Acceptable)

777 S. Figueroa St. #4050, Los Angeles, CA 90017

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
2 / 9 / 11	\$ 84.30	Jacket
2 / 8 / 11	\$ 10.00	Beverages
/ /	\$	

► NAME OF SOURCE

BNSF Railway Corporation

ADDRESS (Business Address Acceptable)

2650 Lou Menk Drive Fort Worth, TX 76131-2830

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
5 / 7 / 11	\$ 58.00	Dinner
/ /	\$	
/ /	\$	

► NAME OF SOURCE

Judicial Officers of South District, LA Superior Court

ADDRESS (Business Address Acceptable)

415 West Ocean Blvd., Long Beach, CA 90802

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
4 / 7 / 11	\$ 56.85	Lunch
/ /	\$	
/ /	\$	

Comments:

SCHEDULE D Income – Gifts

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name Bonnie Lowenthal

► NAME OF SOURCE

Southern California Edison

ADDRESS (Business Address Acceptable)

2244 Walnut Grove Ave., Rosemead, CA 91770

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
1 / 13 / 11	\$ 2.10	Meal and Beverage
2 / 7 / 11	\$ 29.65	Meal and Beverage
/ /	\$	

► NAME OF SOURCE

LA County Medical Association

ADDRESS (Business Address Acceptable)

707 Wilshire Boulevard, Suite 3800, LA, CA 90017

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
6 / 30 / 11	\$ 220.00	Installation Dinner
/ /	\$	
/ /	\$	

► NAME OF SOURCE

Keesal, Young and Logan

ADDRESS (Business Address Acceptable)

400 Oceangate, PO Box 1730, LB, CA 90802

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 9 / 11	\$ 64.58	Holiday Party
4 / 17 / 11	\$ 100.00	Grand Prix
/ /	\$	

► NAME OF SOURCE

Southern California Edison

ADDRESS (Business Address Acceptable)

2244 Walnut Grove Ave., Rosemead, CA 91770

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
6 / 18 / 11	\$ 50.00	Cancer League Gala
6 / 16 / 11	\$ 50.00	Awards Ceremony
/ /	\$	

► NAME OF SOURCE

Healthcare and Elder Law Programs Corp. (501c3)

ADDRESS (Business Address Acceptable)

1404 Cravens Ave., Torrance, CA 90501

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
7 / 8 / 11	\$ 75.00	Meal in assn. w/speech
/ /	\$	
/ /	\$	

► NAME OF SOURCE

AT&T Inc. and its affiliates

ADDRESS (Business Address Acceptable)

1215 K St., Suite 1800, Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
1 / 13 / 11	\$ 42.00	Reception
8 / 13 / 11	\$ 300.00	2 tix, EQCA Awards
/ /	\$	

Comments: _____

SCHEDULE D Income – Gifts

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

Name

Bonnie Lowenthal

► NAME OF SOURCE

California Citrus Mutual

ADDRESS (Business Address Acceptable)

512 North Kaweah Avenue, Exeter, CA 93221

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11 / 1 / 11	\$ 3.00	Sm. bag of mandarins
/ /	\$	
/ /	\$	

► NAME OF SOURCE

CA Council for Environmental or Economic Balance

ADDRESS (Business Address Acceptable)

100 Spear St., Ste. 805, San Francisco, CA 94105

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
2 / 9 / 11	\$ 9.41	Reception- Food, Bev.
/ /	\$	
/ /	\$	

► NAME OF SOURCE

Simon Wiesenthal Center

ADDRESS (Business Address Acceptable)

1399 South Roxbury Drive, Beverly Hills, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
4 / 21 / 11	\$ 150.00	Tribute Dinner
/ /	\$	
/ /	\$	

► NAME OF SOURCE

Cesar Chavez Foundation (501c3)

ADDRESS (Business Address Acceptable)

316 W. Second St. Suite 600 Los Angeles, CA 90012

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
3 / 31 / 11	\$ 350.00	Awards Dinner
/ /	\$	
/ /	\$	

► NAME OF SOURCE

Boeing

ADDRESS (Business Address Acceptable)

2201 Seal Beach Blvd., Seal Beach, CA 90740

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
3 / 12 / 11	\$ 200.00	Special Olympics, 2 tix
/ /	\$	
/ /	\$	

► NAME OF SOURCE

Port of Los Angeles

ADDRESS (Business Address Acceptable)

425 S. Palos Verdes St., San Pedro, CA 90733

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10 / 26 / 11	\$ 64.00	Lobsterfest
/ /	\$	
/ /	\$	

Comments: _____

SCHEDULE E
Income – Gifts
Travel Payments, Advances,
and Reimbursements

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

Name

Bonnie Lowenthal

- You must mark either the gift or income box.
- Mark the 501(c)(3) box for a travel payment received from a nonprofit 501(c)(3) organization. These payments are not subject to the \$420 gift limit, but may result in a disqualifying conflict of interest.

► NAME OF SOURCE

CA Foundation on the Environment and the Economy

ADDRESS (Business Address Acceptable)

Pier 35, Suite 202

CITY AND STATE

San Francisco, CA 94133

BUSINESS ACTIVITY, IF ANY, OF SOURCE

☒ 501 (c)(3)

DATE(S): 10 / 9 / 11 - 10 / 11 / 11 AMT: \$ 891.79
(If gift)

TYPE OF PAYMENT: (must check one) ☒ Gift ☐ Income

☒ Made a Speech/Participated in a Panel

☐ Other - Provide Description

► NAME OF SOURCE

California Citrus Mutual

ADDRESS (Business Address Acceptable)

512 Kaweah Avenue

CITY AND STATE

Exeter, CA 93221

BUSINESS ACTIVITY, IF ANY, OF SOURCE

☐ 501 (c)(3)

DATE(S): 11 / 1 / 11 - 11 / 2 / 11 AMT: \$ 233.86
(If gift)

TYPE OF PAYMENT: (must check one) ☒ Gift ☐ Income

☐ Made a Speech/Participated in a Panel

☒ Other - Provide Description

Agriculture Tour

► NAME OF SOURCE

Jewish Federation of Greater Los Angeles

ADDRESS (Business Address Acceptable)

6505 Wilshire Blvd.

CITY AND STATE

Los Angeles, CA 90048

BUSINESS ACTIVITY, IF ANY, OF SOURCE

☒ 501 (c)(3)

DATE(S): 12 / 11 / 11 - 12 / 19 / 11 AMT: \$ 6,555.94
(If gift)

TYPE OF PAYMENT: (must check one) ☒ Gift ☐ Income

☐ Made a Speech/Participated in a Panel

☒ Other - Provide Description

Israel Study Trip

► NAME OF SOURCE

CA Council for Environmental and Economic Balance

ADDRESS (Business Address Acceptable)

100 Spear Street, Suite 805

CITY AND STATE

San Francisco, CA 94105

BUSINESS ACTIVITY, IF ANY, OF SOURCE

☐ 501 (c)(3)

DATE(S): 7 / 11 / 11 - 7 / 15 / 11 AMT: \$ 575.56
(If gift)

TYPE OF PAYMENT: (must check one) ☒ Gift ☐ Income

☒ Made a Speech/Participated in a Panel

☐ Other - Provide Description

Comments: _____

SCHEDULE E
Income – Gifts
Travel Payments, Advances,
and Reimbursements

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

Name

Bonnie Lowenthal

- You must mark either the gift or income box.
- Mark the 501(c)(3) box for a travel payment received from a nonprofit 501(c)(3) organization. These payments are not subject to the \$420 gift limit, but may result in a disqualifying conflict of interest.

► NAME OF SOURCE

City of Los Angeles

ADDRESS (Business Address Acceptable)

1400 K Street, Suite 208

CITY AND STATE

Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

☐ 501 (c)(3)

DATE(S): 1 / 1 / 11 - 3 / 31 / 11 AMT: \$ 90.00
(If gift)

TYPE OF PAYMENT: (must check one) ☒ Gift ☐ Income

☐ Made a Speech/Participated in a Panel

☒ Other - Provide Description

Airport Parking and Shuttle Service

► NAME OF SOURCE

City of Los Angeles

ADDRESS (Business Address Acceptable)

1400 K Street, Suite 208

CITY AND STATE

Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

☐ 501 (c)(3)

DATE(S): 7 / 1 / 11 - 10 / 30 / 11 AMT: \$ 90.00
(If gift)

TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income

☐ Made a Speech/Participated in a Panel

☒ Other - Provide Description

Airport Parking and Shuttle Service

► NAME OF SOURCE

City of Los Angeles

ADDRESS (Business Address Acceptable)

1400 K Street, Suite 208

CITY AND STATE

Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

☐ 501 (c)(3)

DATE(S): 4 / 1 / 11 - 6 / 30 / 11 AMT: \$ 90.00
(If gift)

TYPE OF PAYMENT: (must check one) ☒ Gift ☐ Income

☐ Made a Speech/Participated in a Panel

☒ Other - Provide Description

Airport Parking and Shuttle Service

► NAME OF SOURCE

City of Los Angeles

ADDRESS (Business Address Acceptable)

1400 K Street, Suite 208

CITY AND STATE

Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

☐ 501 (c)(3)

DATE(S): 10 / 1 / 11 - 12 / 31 / 11 AMT: \$ 90.00
(If gift)

TYPE OF PAYMENT: (must check one) ☒ Gift ☐ Income

☐ Made a Speech/Participated in a Panel

☒ Other - Provide Description

Airport Parking and Shuttle Service

Comments:

SCHEDULE E
Income – Gifts
Travel Payments, Advances,
and Reimbursements

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name Bonnie Lowenthal

- You must mark either the gift or income box.
- Mark the 501(c)(3) box for a travel payment received from a nonprofit 501(c)(3) organization. These payments are not subject to the \$420 gift limit, but may result in a disqualifying conflict of interest.

▶ NAME OF SOURCE	
CA Contract Cities	
ADDRESS (Business Address Acceptable)	
11027 Downey Ave.	
CITY AND STATE	
Downey, CA 90241	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	<input type="checkbox"/> 501 (c)(3)
DATE(S): 5 / 14 / 11 - 5 / 15 / 11 AMT: \$ 275.00 (if gift)	
TYPE OF PAYMENT: (must check one) <input checked="" type="checkbox"/> Gift <input type="checkbox"/> Income	
<input checked="" type="checkbox"/> Made a Speech/Participated in a Panel	
<input type="checkbox"/> Other - Provide Description	

▶ NAME OF SOURCE	
ADDRESS (Business Address Acceptable)	
CITY AND STATE	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	<input type="checkbox"/> 501 (c)(3)
DATE(S): / / - / / AMT: \$ (if gift)	
TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input type="checkbox"/> Income	
<input type="checkbox"/> Made a Speech/Participated in a Panel	
<input type="checkbox"/> Other - Provide Description	

▶ NAME OF SOURCE	
ADDRESS (Business Address Acceptable)	
CITY AND STATE	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	<input type="checkbox"/> 501 (c)(3)
DATE(S): / / - / / AMT: \$ (if gift)	
TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input type="checkbox"/> Income	
<input type="checkbox"/> Made a Speech/Participated in a Panel	
<input type="checkbox"/> Other - Provide Description	

▶ NAME OF SOURCE	
ADDRESS (Business Address Acceptable)	
CITY AND STATE	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	<input type="checkbox"/> 501 (c)(3)
DATE(S): / / - / / AMT: \$ (if gift)	
TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input type="checkbox"/> Income	
<input type="checkbox"/> Made a Speech/Participated in a Panel	
<input type="checkbox"/> Other - Provide Description	

Comments: _____